

Wisconsin Department of Safety and Professional Services

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FUNERAL DIRECTOR EXAMINING BOARD

APPLICATION FOR REINSTATEMENT OF CREDENTIAL

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public.

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

SECTION I: APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Former Name(s) - If Applicable: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Date of Birth: _____

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race: _____ (1) White, not of Hispanic origin _____ (4) American Indian or Alaskan
_____ (2) Black, not of Hispanic origin _____ (5) Asian or Pacific Islander
_____ (3) Hispanic _____ (6) Other

Sex: _____ M _____ F

SECTION II: CREDENTIAL HISTORY

Wisconsin Credential Number: _____ Expiration Date: _____

Are you credentialed as a funeral director in another state? _____ Yes _____ No

If yes, please provide the following information and a Certification (Form #1576) completed by each state (other than Wisconsin) in which you hold or held a funeral director license.

<u>Name of State</u>	<u>License #</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Examination or Reciprocity</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION III: EMPLOYMENT

Name and address of licensed funeral establishment where you will be employed:

Funeral Establishment License Number: _____

Application fee: Make check payable to the Department of Safety and Professional Services and attach to application.

☐ \$ 195.00 Reinstatement fee

#2057 (Rev. 10/12)
Ch. 453, Stats.

For Receipting Use Only

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Provide a chronological resumé of all employment since your credential was current.

EMPLOYER

DATE EMPLOYED

TYPE OF BUSINESS

SECTION IV: EDUCATION

Provide evidence of completion for any educational course of continuing education programs you have completed.

COURSE NAME

DATES OF ATTENDANCE

HOURS

COURSE PROVIDER

SECTION V: STATEMENT OF ARREST AND CONVICTION (Attach additional sheets if necessary)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, court, and penalty. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) convictions.) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and, if applicable, list name, address and phone number of your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, including status of the charge and the location of court. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| D. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Have you ever been credentialed under any other name? If yes, provide information on Page 1 (applicant information section). | <input type="checkbox"/> | <input type="checkbox"/> |

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

SECTION VI: CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

SECTION VII: ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
Profession		

Date of Birth
 month day year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address? ☐ Yes ☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996